

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No.

A 71

Office of Registrar of Vital Statistics.

Ward

1 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 28th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Catharine Korman

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

23 Years,

2 Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

one year

Place of Death,

{ Give Street and Number. }

2029 Eastern Ave

Cause of Death,

{ First (Primary),
Second (Immediate), }

Tubercular Pulmonitis (acute)

Duration of Last Sickness,

6 weeks

All the above information should be furnished by the Physician.

Place of Burial,

German Cemetery

Date of Burial,

May 30th 1887

{ Undertaker,

Wm. Nicolaus

John H. Rehberger M. D.

Medical Attendant.

{ Place of Business,

1715 Alice Ave.

Address

709 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. *A 72*

Office of Registrar of Vital Statistics.

Ward

12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 29
Michael Wilson

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line.

Age, *83* Years,

Months,

Days.

Color,

White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line.

Occupation,

Housekeeper
Balt. Co.

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *Twelve years*

Place of Death, { Give Street and Number.

1115 Druid Hill Ave.

Cause of Death, { First (Primary),
Second (Immediate).

old age

Duration of Last Sickness,

About one year

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cemetery

Date of Burial,

May 30th 1887

A. M. Wilson

M. D.

Undertaker, *Stewart & Mowen*

Medical Attendant.

Place of Business,

2157 217 Park Ave

Address,

1008 Mar. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Certificate.

Health Department, City of Baltimore.

Permit No. A 73

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT UNDERTAKER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29th May 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Woolford

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, 1 Days

Color, Coke

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Life

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1649 Hanover St

Cause of Death, { First (Primary), Cholera Infantum }
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 31st 1887

{ Undertaker, John H. H. & Co. } H. W. Oving M. D.

Medical Attendant.

{ Place of Business, 1023 N. E. St. } Address, 1319 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. A 74

Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ernest S. Black

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One (1) Years, Five (5) Months, ✓ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give Street and Number. } S.W. Cor. 323 North Ann St. Cor. Orleans St.

Cause of Death, { First (Primary), Inflammation of Mesenteric Glands
Second (Immediate), Marasmus }
Four weeks

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, May 30 to 1887

Undertaker, John Henning Wm. H. Cleudiner, M. D.
Medical Attendant.

Place of Business, 2008 Orleans St. Address, No. 418 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. A 75 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Green

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 9 Years, 1 Months, 1 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } #1554 Pa. Ave Baltimore

Duration of Residence in the City of Baltimore, 9 months

Place of Death, { Give Street and Number. } #1554 Fremont St Baltimore

Cause of Death, { First (Primary), Second (Immediate), } Dentition
Congestion of the Brain

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, West Olmsted Cemetery

Date of Burial, May 30th 1887

{ Undertaker, J E Mough } R. G. Rankin M. D. Medical Attendant.

{ Place of Business, 1408 Penna Ave } Address, Waverly

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. A 764

Office of Registrar of Statistics. Ward 6 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29 1887

Full Name of Deceased, Wm A Traver Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female Cross out the word not required in this line.

Age, 74 Years, — Months, — Days,

Color, white

Married, Single, Widow or Widower, Married Cross out the word not required in this line.

Occupation, Farmer

Birthplace, Purchaseburg Va State or country, and how long in the United State if of foreign birth.

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, 1902 E Purchaseburg St Give street and Number.

Cause of Death, old age old age First, (Primary). Second, (Immediate).

Duration of Last Sickness, — At the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, May 31 1887

Undertaker, Samy & Mitchell

Place of Business, North Av & Cook St Address, 1321 E Purchaseburg St

B. F. Groves M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No.

A 77

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a ~~house~~ ^{house}, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 29th '87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

was not named -
Illegitimate - Mother's name
Martha Blend,

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

36 hours

Years,

Months,

Days.

Color,

Brown

Married, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

No. 1 State St.

Duration of Residence in the City of Baltimore,

36 hours.

Place of Death,

{ Give Street and Number. }

No. 1 State St.

Cause of Death,

{ First (Primary),

Premature birth -

{ Second (Immediate),

bet. 5-6 months.

Duration of Last Sickness,

36 hours

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St. Cemetery

Date of Burial,

May 30

Undertaker,

John H. Miller

F. B. Gardner

M. D.

Medical Attendant.

Place of Business,

502 Pearl St.

Address, 424 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 78 Office of Registrar of Vital Statistics.

Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DECEASED CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th '87

Full Name of Deceased, Marie Nielsen

Sex, Male or Female, Female

Age, 17 Years,

Color, White

Married, Single, Widow or Widower

Occupation, _____

Birth Place, Denmark

Duration of Residence in the City of Baltimore, 4 months

Place of Death, University Hospital

Cause of Death, Tuberculosis Pulmonum

Duration of Last Sickness, Five months

Place of Burial, Mount Carmel

Date of Burial, May 31st 1887

Undertaker, H. Sander & Son

Place of Business, 1710 Canton St.

C. K. Mitchell M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 79 Office of Registrar of Vital Statistics. Ward 2.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1887
Full Name of Deceased, Joseph Wzarfranski
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }
Sex, Male ~~or Female~~, { Cross out the word not required in this line. } (Twin)
Age, 3 hours Years, _____ Months, _____ Days, _____
Color, White
~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } None
Occupation, None
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give Street and Number. } # 1609 Thomas St
Cause of Death, { First (Primary), Second (Immediate), } Asthemia
Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus
Date of Burial, May 30th 1887
{ Undertakers, F. Broskowski } James A. Stearns M. D.
{ Place of Business, 1732. Alice Ave } Conrad R. R.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John Chas. De Goez Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A-80

Office of Registrar of Vital Statistics.

Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bertie Johns

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Dorchester County - Md

Duration of Residence in the City of Baltimore, 3 Years -

Place of Death, { Give Street and Number. } 609 E. Spring St.

Cause of Death, { First (Primary), Second (Immediate), } Acute Pneumonia
Consumption

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Land Cemetery

Date of Burial, May 30 1887

{ Undertaker, William J. Lungee Medical Attendant, J. M. Le Russell M. D.

{ Place of Business, 150 E. 1st St. Address, 200 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]